

# The impact of a multi-component medication safety bundle on medication safety in the adult resuscitation rooms of an Emergency Department

ACTRN12624001243505

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Status	RECRUITING
Sponsor	Tupu Research Fund
Enrollment	43 participants

## Plain Language Summary

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In busy hospital emergency departments, patients who need urgent resuscitation often receive multiple medications very quickly. Studies have found that in these high-pressure situations, as many as half of all medications given can have some kind of error — whether in the dose, preparation, or method of delivery. This study looks at whether a structured medication safety program, led by specially trained pharmacists, can reduce those errors in emergency resuscitation rooms.

The trial is taking place in an adult emergency department and involves observing medication administration during resuscitations before and after a month-long educational program is introduced to clinical staff. Researchers will record the number and severity of drug errors in both phases to measure improvement.

Patients who are brought to an adult resuscitation room and are likely to receive four or more medications — or at least one high-risk medication — may be included. The study also involves the clinical staff (nurses, doctors, pharmacists) who participate in resuscitations. Participation is voluntary for staff, and the focus is on improving patient safety systems rather than testing individual performance.

## Key Eligibility Criteria

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### Inclusion (6)

- Patients aged over 18 years old
  - Present directly to an adult resuscitation room (R1-5), or are moved to a resuscitation room from elsewhere within the emergency department
  - a) Are likely to be administered at least four intravenous/ intramuscular/ intraosseous/ subcutaneous medications – OR –
  - b) Are likely to be administered at least one “high risk” medications (vasopressor or paralytic medication)
  - It will be at the discretion of the research nurse present on the day to determine if they believe a resuscitation is likely to meet criterion 3a or 3b. If data collection commences on a resuscitation that then does not meet 3a or 3b, that data will be stored but the case will not be included in data collection, and another resuscitation will need to be added to ensure power is met.
- ... and 1 more (see full listing online)

### Exclusion (2)

- Resuscitations where the primary investigators of this study are involved in a clinical capacity will be excluded.
- The clinical staff present in the resuscitation are also participants in this study. A Participant Information Sheet (PIS) will be distributed via email to the clinical Heads of Department (for example, General Surgery, Intensive Care) to distribute to their teams, as well as Emergency Department staff, to inform them that any resuscitation they attend may be selected to be included in this study. This PIS states that participation in this study is voluntary.

## Locations (1 total)

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— Auckland, New Zealand

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12624001243505>

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